. S. No. 2
M—9-4-41
Rev. 5-17-39
I 129484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8834

FILED APR 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2807

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3868 Park Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 12 18

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3868 Park Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Maude Olive Stubbs

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife James C.

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased APRIL 19th 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	4	hr. min.

9. Birthplace Mt Pleasant (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business St Home

FATHER
12. Name William Spry
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Anna Manlove
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs Laura Elfen
(b) Address 1860 Keinlin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ /1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) MAR 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd.
year 1943 hour 1:30 AM minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callan (M. D. or other)

Address Deputy Coroner Date signed 3-24-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Homer W. Fritz.....

Licensed Embalmer No. 3882

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.